## **EXHIBIT 32**

# PROGRAM ACTIVITY SUMMARY SHEET (00-ND-XX)

City of

			Cit	y 01									
	DATE	ADMIN	HO. INSPECT	LEAD EVAL	REHAB	DEMO	ENG. DESIGN	ENG INSPECT	PF	TOTAL CDBG	LOCAL	PRIV.	OTHER PUBLIC
BUDGET													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
EXPEND													
BALANCE													

# EXHIBIT 33

## **CASH CONTROL LEDGER (00-ND-XX)**

City of

	City of									
			C	CDBG ACCOUNT			ESCROW ACCOUNT			
DATE	SOURCE/USE	#	RECEIPT	EXPEND	BALANCE	RECEIPT	EXPEND	BALANCE		

#### EXHIBIT 34

#### **HOUSING PROGRAM INCOME REPORTING FORM**

The repayment and reuse of program income in the State's CDBG neighborhood development program is governed by the terms of the Application/Funding Approval and Program Income Policy developed for the program. A Grantee is required on an annual basis to report program income received from repayment of a loan and the disposition of same. Complete the items below in detail and forward three copies of this report to the Missouri CDBG Program, PO Box 118, Jefferson City, MO 65102, by January 15 and July 15 of each year.

Grantee (City/County):					Date:	
Proj	ect No.:		Grai	ntee Contact P	erson:	
Date	of Grant A	ward:				
Tern	ns of Loan(s	s): # of years	interest	rate # of	installments	
paya	ıble		;	first installme	nt due	
r		y/semi annually			date	
Iden need		Sources and A	amounts o	of Repayment	(make copies of this	s page if space is
		Address		Amoun	t Grant/Loan	Repayment to Date
		T	OTALS:			
Statı	us of progra	m income:				
If pr belo		me has not been	n reused,	indicate on lir	ne above. If it has be	een reused, indicate
	Date	Amount		Payee	Date Approved by DED	Activity Funded
1						
2						
3						
4						
5						

Characteristics of Program	Income Beneficiaries fro	m above activities li	isted in Section D.	Use additional page 1	ages if necessary.

		Please list the number and percentage of beneficiaries who are:					
Activity Name:	Total Number of Beneficiaries:	Low/Mod (80%		Low Incom	e (50%)		v Income 9%)
		#	%	#	%	#	%

Activity Number:				Activity
Activity Name:				Activity
		Total Direct Beneficiaries	Hispanic Direct Beneficiarie s	
White:				White:
Black/African Americ	can:			Black/A
Asian:				Asian:
American Indian/Ala	skan Native:			America
Native Hawaiian/Oth	ner Pacific Islander:			Native I
American Indian/Ala	skan Native & White:			America
Asian & White:				Asian &
Black/African Americ	can & White:			Black/A
Am. Indian/Alaskan Am.:	Native & Black/African			Am. Ind Am.:
Asian & Native Hawa Islander:	aiian/Other Pacific			Asian & Islande
All Others:				All Othe
TO	TAL			
Female Head of House	ehold:			Female
Handicapped (Disable	d):			Handica
Elderly:				Elderly:

Activity Number:			
Activity Name:			
		Total Direct Beneficiaries	Hispanic Direct Beneficiarie s
White:			
Black/African Americ	can:		
Asian:			
American Indian/Ala	skan Native:		
Native Hawaiian/Oth	er Pacific Islander:		
American Indian/Alas	skan Native & White:		
Asian & White:			
Black/African Americ	can & White:		
Am. Indian/Alaskan I Am.:	Native & Black/African		
Asian & Native Hawa Islander:	aiian/Other Pacific		
All Others:			
ТО	TAL		
Female Head of House	ehold:		
Handicapped (Disable	d):		
Elderly:	_		